1. Project Contact and Coordination Information a. Identify the project leader(s) and respective business affiliations.

The Colorado Health Care Connections (CHCC) consortium is sponsored by and housed at the Colorado Hospital Association. The Project Coordinator is Steve Ward.

b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official

Steve Ward 7335 East Orchard Road, Suite 100 Greenwood Village, CO 80111 Telephone 720-330-6065 FAX 720-489-9400 Steve.ward@cha.com

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

The Colorado Hospital Association is legally and financially responsible for the conduct of activities supported by the award.

#### d. Explain how project is being coordinated throughout the state or region.

CHCC is sharing the services of a FCC Pilot Program Associate Project Coordinator with a sister Pilot Program participant, the Rocky Mountain HealthNet (RMHN). No federal USAC funds will be used for this purpose. Program coordination staffing and activities will be carried out using internal CHC resources.

Program coordination will include the leadership, fund-raising, and implementation needed to develop healthcare applications enabled by the proposed network.

#### 2. Identify all health care facilities included in the network.

See attached Addendum A (spreadsheet) with information on all health care facilities that submitted LOAs before June 30, 2008

- a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
- b. For each participating institution, indicate whether it is:
- i. Public or non-public;
- ii. Not-for-profit or for-profit;
- iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.
- 3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

The competitive bidding process has not begun; therefore this is not applicable at this time.

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;
- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
- e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.
- 4. List of Connected Health Care Providers: Provide information below for all eligible and noneligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

No Health Care Providers are connected; therefore this is not applicable at this time.

- a. Health care provider site;
- b. Eligible provider (Yes/No);
- c. Type of network connection (e.g., fiber, copper, wireless);
- d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
- e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
- f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
- g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.
- h. Provide a logical diagram or map of the network.

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

No Health Care Providers are connected; therefore this is not applicable at this time.

- a. Network Design
- b. Network Equipment, including engineering and installation
- c. Infrastructure Deployment/Outside Plant
- i. Engineering
- ii. Construction
- d. Internet2, NLR, or Public Internet Connection
- e. Leased Facilities or Tariffed Services
- f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
- g. Other Non-Recurring and Recurring Costs
- 6. Describe how costs have been apportioned and the sources of the funds to pay them:

No Health Care Providers are connected; therefore this is not applicable at this time.

- a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.
- b. Describe the source of funds from:
- i. Eligible Pilot Program network participants
- ii. Ineligible Pilot Program network participants
- c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).
- i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
- ii. Identify the respective amounts and remaining time for such assistance.
- d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.
- 7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

Non-eligible and for-profit entities will pay their full share of network costs.

If non-eligible or for-profit entities are allowed to join the network, they will be invoiced separately for each service item for their fair share of the network

costs without USAC subsidy. These invoices will be provided directly to the non-eligible or for-profit participant. USAC will receive invoice documentation that reflects eligible rural health care providers only.

### 8. Provide an update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

The CHCC consortium project is managed by Steve Ward, the Project Coordinator. The Associate Project Coordinator is Debby Farreau.

b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

CHCC will follow the prescribed process in the FCC Orders. Namely, we will obtain Letters of Agency from each of our participants, complete and file Form 465, select a service provider, file Form 466, obtain funding authorization, file Form 467 as services contracts are established, file the quarterly reports required by Order 07-198, maintain all audit records as required and cooperate with all audit requests.

#### TARGET SCHEDULE

June – July 2008 Obtain Letters of Agency (LOA)

June – July 2008 Prepare Form 465, 465 Attachment and RFP

August 2008 Waiting period for responses

September 2008 Develop detailed project plan

October-November 2008 Begin Year 1 service

We will fully complete network build-out within the 5-year period required by Order 07-198.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

Network will become self-sustaining through tariffs imposed on bandwidth usage; administrative fees to participants not supported by FCC RHCPP funding, sponsorship from the private sector and other revenue opportunities as they become available.

### 10. Provide detail on how the supported network has advanced telemedicine benefits:

No Health Care Providers are connected; therefore this is not applicable at this time.

- a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
- b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

### 11. Provide detail on how the supported network has complied with HHS health IT initiatives:

No Health Care Providers are connected; therefore this is not applicable at this time.

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;

- d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
- e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and
- f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.
- 12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

No Health Care Providers are connected; therefore this is not applicable at this time.

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Addendum A - Colorado Health Gare Connections (CHCC) Quarterly Report for Period Ending June 30, 2008 (LOA's Interved) V/C Docket No. 02-60

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Addendum A - Colbrado Health Care Connections (CHCC) Graziteity Report for Period Ending June 30, 2003 (LOA's roceivas). WC Docket No. 02-80

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Addendum A - Colorado Health Care Connections (CHCC) Quarterly Report for Period Ending June 30, 2008 (LDAs received) WC Decket No. 02-60

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Addendum A - Colorado Health Care Connections (CMCC) Quarterly Report for Period Ending June 30, 2008 (LOA's received)

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Advances	Rocky Ford Clinic (Valley-Wide Health Systems, Inc)		Автова	3	Otero	719.254.7623			<u>nartnk@wch</u> 4.5 5.010	903 South 12th Street	Rocky Ford	81057	POHC	CORPORATE NON-PROFIT	0.	9879.00
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Marketa   61422   Varietee   917-855-528   917-85-528   917-855-528	Slerra Blanca Medical Center (Valley- Nide Health Systems, Inc)	128 Market Street		Į.	1	1	719-587-9514 A	จักมนต	martink@ivvin 4.5	1847 2nd Street	Alamasa	101	FORC	CORPORATE NON-SROFIT	7.0	9816.00
Secretary (1) 124   Colores   19 235-5246	sasin Clinic (Naturita)	P.O. Box 340		1	Ī		970-355-2574 k		Kolatou@mon 4.5 trosehespiral com	421 Viest Adams Rd	Noterta	31422	Gammundy Glind	CITYCOUNTY	10.0	9561.00
Date Creek   31124   Date	wena Vista Pamily Practice Chinic	PO Bax 1527		ŧ			719-395-9064 K			28374 CR 317	Suena Vista	81211	Rural Health Clinic	LOCAL GOVERNMENT	7.0	0004-00
Cacede   21130   Monesa   719-274-65030   T19-274-65030   T1	ommunity Health Clinic (Dolores county Health Association)	P.O. Box 576	Dove Creek				970-677-2540 (		dchaed@cen 4.5 tuntalnet	495 W 4th Street	Dave Creek	81324	FQHC/Community Health Clinic	Coprocate Non-Profit	50.6	9031.00 00 1000
Cice of   61130   Mineral   719-453-4104   719-452-4104   719-45	ionejos Medical Ginie	PO Box 639 (some address as hospital)	נים לפנים		رو باداه و			_	g	(1902) State Mwy 285	Lausta	81140	Ruol Yealin Chee	Nea Prak Gorparate	103	9747.00
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Figure   Strict   Philips   Strict   Philips   Strict		551 Kokopelli Blvd. Unit G				1	970-958-7911 E		esnider@lam 4.5 llyheo?hwest, ora						2.0	0315.03
or         Rife         31650         Guited         970-625-6406 </td <td></td> <td>1001 East Johnson Street (some ordness as Melissa Memorial Hospital)</td> <td>Ноїуоке</td> <td>r</td> <td></td> <td>T</td> <td></td> <td></td> <td>iona Avoubell 4.5 bannemealth.</td> <td></td> <td></td> <td></td> <td></td> <td>Gov Hospatsi Distinct -part of East Philips CountyHospatol District</td> <td>0.01</td> <td>8975.00</td>		1001 East Johnson Street (some ordness as Melissa Memorial Hospital)	Ноїуоке	r		T			iona Avoubell 4.5 bannemealth.					Gov Hospatsi Distinct -part of East Philips CountyHospatol District	0.01	8975.00
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Lamer   \$1052   Provers   719-319-0256   719-319-0256   Jay Broake   Delancator.ne   100	irand River Health & Safety Center Stand River Hospital District)	71 Sipprelle Drive, Unit				970-625-6406	-2		plambert@gr 4.5 hd.org					Owned and operated by the Grand River Hospital District	0'2	9521.0C
[Jama] (81052 Proviers 719-308-0245 719-308-0255 Jay Brooke <u>IDOOMODING</u> 45 200 Kerdali Drive #1 Jamar (81052 FOHC	iigh Plains Community Health Center, nc	201 Kendal Drive	Lamar			1			5.5				ommunity Clinic	CORPORATE NON-PROFIT	7.0	0004.00
	igh Plains Community Health Benial enter	201 Kendall Drive	Lamar			719-336-8445			č.		Lamar	31052	FQHC	CORPORATE NOW-PROFIT	7.0	000. 000

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Addendum A - Calorado Health Care Connections (CHCC) Quarterly Report for Pened Ending June 30, 2008 (LOA's received)

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Fax		719-336-0265	719-336-32	19-336-026	370-255-17	370-878-32	370-245-28	03-582-39	503-258-73	75-323-51	719-346-9485	719-228-5607	719-228-8607	719-228-6607	719-228-5607
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Facility		High Plains 200 Kendall Medical	High Plains LCC Clinic	High Plains Migrant Clinic			Mountain Family Health Centers - Glenwood Springs	Mountain Family Health Centers - Black 1905 Blake Ave # 101 Hawk	Mountain Family Health Centers . Nederland-	Olahe Medical Cknie			Peak Vizia CHC - Denial Health Center	Peak Vista CHC - Family Health Center 340 Printers Farkway	Peak Vista CHC Senior Health Center

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Addendum A - Colorado Health Care Connections (CHCC) Quotrelly Report for Period Ending June 30, 2008 (LOA's received) WC Deckes No. 02-60

Fidebby/CHCC Quarterly Reports/CHCC Quarterly Report HCP List June 30, 2038 (with CTC\_V3)

Addendum A - Colorado Heakh Care Connections (CHCC) Quarterly Report for Period Ending June 30, 2008 (LCA's received)

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Addendum A - Calarado Health Care Connections (CHCC). Quarterly Report for Period Ending June 35, 2038 (LOA's received) WC Decket No. 02-60

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Addendum A.-Colorado Health Care Connections (CHCC) Quarterly Report for Period Ending June 30, 2003 (LOAs received) WC Docket No. 02-60

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Addendum A - Colorado Health Care Connections (CHCC) Quartery Report for Percot Ending June 3D. 2008 (LOA's received) WC Docket No. 02-60

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Addendum A - Colorado Heath Care Connections (CHCC) Quarterly Report for Period Ending June 10, 2008 (LOA's received) WC Decket No. 02-60

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Addensum A - Colorado Health Care Connections (CHCC) Quarterly Report for Period Ending June 30, 2008 (LOA's received) WC Docket No. 02-60

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	County Sphysical Iocation)	Soulder
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	Facility	Cilnica Family Health Services - People 1345 Placa Ct.